

Milwaukee County Emergency Medical Services  
9501 W. Watertown Plank Road, Milwaukee, WI 53226  
(414) 257-6661

**CONTRACT FOR CONFIDENTIALITY  
Ride Along Participant Verification**

**Purpose:**

During the observational ride along experience, the participant involved with Milwaukee County Emergency Medical Services (EMS) will encounter information that will be of sensitive and/or confidential nature. In order to ensure that material deemed as confidential remain as such, individuals participating in ride alongs within the Milwaukee County EMS system, are required to read and sign this document.

**Policy:**

Milwaukee County EMS prohibits the release of any patient information to anyone outside the organization unless required for purposes of treatment, payment or health care operations, and discussions of Protected Health Information (PHI) within the organization should be limited. Acceptable uses of PHI within the organization include, but are not limited to, exchange of patient information needed for the treatment of the patient, essential health care operations, and quality assurance activities. Individually identifiable patient information will not be communicated using the internal or external e-mail system as these electronic transmissions are not private or completely secure.

**Verification:**

I understand that Milwaukee County EMS provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of Milwaukee County EMS' patients. I understand that it is necessary for patients to provide personal information and that such information may exist in a variety of forms, such as electronic, oral, written or photographic and that all such information is strictly confidential and protected by federal and state laws.

I agree that I will comply with all confidentiality policies and procedures set in place by Milwaukee County EMS during my entire association with Milwaukee County EMS. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Privacy Officer of Milwaukee County EMS immediately. In addition, I understand that a breach of patient confidentiality may result in termination of my association with Milwaukee County EMS. Upon termination of my association for any reason, or at any time upon request, I agree to return any and all patient confidential information in my possession.

I have read and understand all privacy policies and procedures that have been provided to me by Milwaukee County EMS. I agree to abide by all policies and the contractual Ride Along Agreement or be subject to termination of my association with Milwaukee County EMS. I also understand that per the federal Privacy Rule, any negligent or intentional breach of patient confidentiality may result in civil or criminal prosecution with possible fines, penalties or imprisonment. This is not a contract of employment and does not alter the nature of the existing relationship between Milwaukee County EMS and me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

N.B.: This agreement will be maintained in the Ride Along participation file.